

STATEMENTS

This claim form may be used to file for the Disabled Veterans' Exemption for the Assessment Roll and the Supplemental Assessment Roll. Separate claims may be required for each roll. Please carefully read the information and instructions before answering the questions listed below. If you received the Disabled Veterans' Exemption last year and are filing this form solely to claim the \$150,000 Exemption, check here ☐ and proceed directly to item 3.

1. a. When did you acquire this property? _____

(month-day-year)

b. Date you occupied or intend to occupy this property as your principal residence: _____

(month-day-year)

2. The basis for this claim is (please check the appropriate boxes):

- a. ☐ Blind in both eyes (blind means having a visual acuity of 5/200 or less, or concentric contraction of the visual field to 5 degrees or less, proof is attached);
- b. ☐ Disabled because of loss of use of 2 or more limbs (*loss of the use of a limb* means that the limb has been amputated, or its use has been lost by reason of ankylosis, progressive muscular dystrophies, or paralysis, proof is attached);
- c. ☐ Totally disabled as a result of a service-connected ☐ injury or ☐ disease (*totally disabled means* that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation, proof is attached);
- d. ☐ Unmarried surviving spouse of a deceased veteran who during his or her lifetime qualified for this exemption or who would have qualified for this exemption under the laws effective on January 1, 1977 (January 1, 1979, for disease) except that the veteran died prior to January 1, 1977 (January 1, 1979, for disease). Disability: ☐ blindness; ☐ loss of use of two or more limbs; ☐ total disability because of injury; or ☐ total disability because of disease (*check applicable box*; proof of disability, copy of marriage license, and copy of death certificate must be submitted to the Assessor). My spouse died on _____.

(month-day-year)

- e. ☐ Unmarried surviving spouse of a per-son who, as a result of service-connected injury or disease, died while on active duty in the military service (copy of marriage license, proof that the cause of death was service-connected, dates of service, and copy of death certificate or report of casualty, must be submitted to the Assessor). My spouse died on _____.

(month-day-year)

3. To be completed only by claimants for the \$150,000 Exemption:

My yearly household income (*see the instructions*) for the prior calendar year was \$ _____. (If the amount entered is less than the limits shown elsewhere on this form, the exemption becomes \$150,000 of assessed value. If you enter an amount greater than the limit, or you *do not enter an amount*, the Assessor will allow an exemption of up to \$ 100,000 of assessed value.)

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief

SIGNATURE OF CLAIMANT

DATE